



# Adult Program Trip

## Clinton, NC Trip

### Thursday, March 30, 2017

**Do you enjoy history and food?** Join us as we learn about the history of Sampson County and tour a nut farm and the largest pecan processing facility in North Carolina. We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 9:30am.

Our day begins with an early lunch, on your own (\$5—\$15), at Country Squire Restaurant, Vintage Inn and Winery. Parts of the building date back to the early 19th century. Our first tour will be at the Sampson County History Museum, which includes 11 buildings. There are thousands of permanent artifacts from the past. You will see a 1903 two-story house, a 70+ year old outhouse, a smokehouse, early 1900s restored gas pumps, the Bunting Log Cabin, built around 1750 and one of the oldest structures in eastern North Carolina and the Sports Hall of Fame. Our final tour will be The Nut House, the largest pecan processing facility and only cleaning plant in North Carolina. Here we will see the orchard, farm machinery including the nut cracker machine that works at the speed of light, and hear what it is like to farm pecans and the work that involves. You will also have the opportunity to purchase some pecan products.

We always encourage participants to wear comfortable walking shoes and clothing. The group will arrive back at the Anne Gordon Center in Raleigh at approximately 6:00pm.

#### **Price:**

\$57.00 City of Raleigh Resident

\$72.00 Non-City of Raleigh Resident

#### **Price Includes:**

Transportation via charter bus, guided tours of Sampson County History Museum and The Nut House. Lunch at Country Squire Restaurant is on your own.

#### **Patron Expectations:**

This trip has a high volume of walking expected, including some steps, and uneven paths with loose bricks and gravel. Patron must be able to keep to the scheduled timeline of the trip. Please remember there is no one-on-one assistance provided by the escorts.

#### **Cancellation Policy:**

Cancellations must be made in writing at least 14 days prior to trip departure date to receive a refund. Full or partial refunds will be made only if a replacement can be found, and are subject to non-refundable expenses incurred by the Department. If the Department cancels a trip, a full refund will be given.

#### **To register return the bottom portion of the back page with payment to:**

Five Points Center for Active Adults  
2000 Noble Road Raleigh, NC 27608

Walk-in registrations are taken at any of our Active Adult Centers.

Credit Card payments can be made by phone, at any PRCR facility or by RecLink



**RALEIGH** Parks,  
Recreation and  
Cultural Resources  
[parks.raleighnc.gov](http://parks.raleighnc.gov)

**Five Point Center 919-996-4730**

**Anne Gordon Center 919-996-4720**

**Walnut Terrace Center 919-996-6160**



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\$57.00 City of Raleigh Resident

\$72.00 Non-City of Raleigh Resident

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**Make checks payable to:** City of Raleigh

**To Register: Complete the form below and return with full payment to:**

*Adult Program*

Five Points Center for Active Adults

2000 Noble Road Raleigh, NC 27608

Walk-in registrations are taken at any of our Active Adult Centers.

Credit Card payments can be made by phone, at any PRCR facility or by RecLink

**For Additional Information Contact :** Adult Program Staff at 919-996-4735 or 919-996-4743

**Keep top portion for your records**

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**Clinton, NC Thursday, March 30, 2017 #207780**

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program

**Signature of participant**

SIGNATURE

SIGNATURE

**Date signed**

DATE

**I understand that there is no one-on-one assistance provided by Raleigh PRCR Adult Program Staff**

**Initial**

INITIALS

Name of Participant \_\_\_\_\_ Name of Participant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**NON-DISCRIMINATION POLICY:** The City of Raleigh does not discriminate on the basis of race, color, national origin, sex, religion, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of the aforementioned areas may file a complaint with either the Director of Raleigh Parks and Recreation Department or the Office of Equal Employment, US Dept. of the Interior, Washington, DC, 20240. The Raleigh Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need or accommodation is requested in advance. To ensure a medically safe and appropriately planned program, please list (optional) any special needs or precautions which may require program accommodations for participation (i.e. visual or hearing impairment, mental or physical disability, heart condition, history of seizures, allergies, communicable diseases, diabetes, hemophilia, asthma, etc.):

Food Concerns

Office use:

Staff Initials

Date